Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Announced Inspection Report: Independent Healthcare

Service: Temple Medical, Aberdeen

Service Provider: Temple Medical Limited

29 November 2023

NHS SCOTLAND

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www.healthcareimprovementscotland.org

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 17 October 2019

Requirement

The provider must ensure patients can easily access information about how to make a complaint and that all complaint information contains the details of Healthcare Improvement Scotland.

Action taken

Information about how to make a complaint, with details of Healthcare Improvement Scotland, had now been added to the service's website and its complaint policy. The complaint policy was also displayed in the service. **This requirement is met.**

Requirement

The provider must implement a programme of water flushing to reduce the risk of infection from the less frequently used water outlets.

Action taken

The water outlet (shower room) had been removed from use. **This requirement is met.**

Requirement

The provider must introduce a programme of risk assessment and management.

Action taken

A number of risk assessments had now been introduced, including manual handling and clinical waste. **This requirement is met.** However, a risk register should be maintained. **A new recommendation has been made** in Domain 5 (Planning for quality) (see recommendation c on page 20).

Requirement

The provider must ensure appropriate recruitment checks, including Protecting Vulnerable Groups (PVG) checks, are completed for all existing and new staff.

Action taken

From our review of staff files, we saw that all recruitment checks, including PVG checks, were now completed for existing and new staff. **This requirement is met.**

Requirement

The provider must develop a policy to support the recruitment and management of volunteers working in the service.

Action taken

Volunteers no longer worked in the service, and we were told there were no future plans to recruit any more volunteers. However, the provider was aware that, if this changed, a policy must be developed. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 17 October 2019

Recommendation

The service should develop its service user policy and processes to ensure a structured approach to gathering patient feedback and how feedback leads to service improvement.

Action taken

Although we saw a participation policy had now been developed and patient feedback was collected, there was no formal evidence to show that feedback was recorded and audited to demonstrate how this was used to improve the quality of the service. This recommendation is reported in Domain 3 (Co-design, co-production) (see recommendation a on page 16).

Recommendation

The service should develop and implement a duty of candour policy.

Action taken

A duty of candour policy had now been developed and was displayed on the service's website and in the service.

Recommendation

The service should develop a programme of regular audits to cover key aspects of care and treatment. Audits must be documented, and improvement action plans implemented.

Action taken

Although there was evidence of some audits now being carried out, a programme of regular audits to determine what and when audits would take place had still not been developed. This would help to ensure key aspects of care and treatment were regularly audited. Improvement action plans should also be produced, as required. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation d on page 20).

Recommendation

The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance and update its medicines management policy to accurately reflect the processes in place.

Action taken

The medicine management policy had now been updated to include the single use of botulinum toxin in line with manufacturer's guidelines and best practice.

Recommendation

The service should ensure that all linen is laundered according to national guidance.

Action taken

A policy and standard operating procedure had now been developed for the laundering of all linen.

Recommendation

The service should record patient consent to share information with other health professionals if required, such as in case of an emergency.

Action taken

From the five patient care records we reviewed, we saw that consent to share information with other healthcare professionals was still not being consistently documented. This recommendation is reported in Domain 7 (Quality control) (see recommendation f on page 23).

Recommendation

The service should develop a quality improvement plan that will support and manage the delivery of service improvements.

Action taken

A quality improvement plan had still not been developed. This recommendation is reported in Domain 5 (Planning for quality) (see recommendation e on page 20).

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Temple Medical on Wednesday 29 November 2023. We spoke with the service manager, director (practitioner) and a number of staff during the inspection. We received feedback from eight patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Aberdeen, Temple Medical is an independent clinic providing non-surgical treatments.

The inspection team was made up of one inspector.

What we found and inspection grades awarded

For Temple Medical, the following grades have been applied.

Direction	*How clear is the service's vision and purpose and how supportive is its leadership and culture?*
Summary findings	**Grade awarded**
The service's leadership structure and governance framework helped deliver safe and effective person-centred care in line with best practice. Staff told us they felt valued, respected and supported. The service had clear aims and objectives, which were available for patients to view on the service's website.	✓✓Good
Implementation and delivery	*How well does the service engage with its stakeholders and manage/improve its performance?*
Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to support safe and effective delivery of care. Although the service encouraged feedback from patients, a more structured approach to gathering, recording and analysing feedback should be developed. Cleaning schedules need further development. Although the service carried out some audits, a more structured approach and annual audit programme should be implemented, as well as a quality improvement plan, to help demonstrate continuous improvement in the service.	✓ Satisfactory
Results	*How well has the service demonstrated that it provides safe, person-centred care?*
The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service, and that the service was clean and tidy. Patients' next of kin must be documented in patient care records, and consent to share information with other healthcare professionals should also be documented. A risk assessment must be carried out for the clinical hand wash sinks in treatment rooms. Medicines should be used in line with current guidelines.	✓✓Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at: http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/ihc_inspection_guidance/inspection_methodology.aspx

Further information about the Quality Assurance Framework can also be found on our website at: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

What action we expect Temple Medical Limited to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in two requirements and seven recommendations.

Implementation and delivery
Requirements
None
Recommendations
a The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service (see page 16). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support: Statement 4.8 This was previously identified as a recommendation in the October 2019 inspection report for Temple Medical.

Implementation and delivery (continued)	
Recommendations	
b	The service should develop the existing cleaning schedule to include evidence of products used and to demonstrate cleaning has been carried out (see page 19). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
c	The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11
d	The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the October 2019 inspection report for Temple Medical.
e	The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement (see page 20). Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19 This was previously identified as a recommendation in the October 2019 inspection report for Temple Medical.

Results

Requirements

1 The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented (see page 23).

Timescale – by 13 May 2024

Regulation 4(1)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

2 The provider must develop a risk assessment for the non-compliant clinical hand wash sinks to ensure appropriate actions are taken to minimise any risks from splash contamination (see page 23).

Timescale – immediate

Regulation 3(d)(i)(ii)
The Healthcare Improvement Scotland (Requirements as to Independent Health Care Services) Regulations 2011

Recommendations

f The service should review documentation to ensure consent is clearly recorded for sharing information with other healthcare professionals (see page 23).

Health and Social Care Standards: My support, my life. I am fully involved in all decisions about my care and support. Statement 2.14

This was previously identified as a recommendation in the October 2019 inspection report for Temple Medical.

g The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance, and update its medicines management policy to accurately reflect the processes in place (see page 23).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/independent_healthcare/find_a_provider_or_service.aspx

Temple Medical Limited, the provider, must address the requirements and make the necessary improvements as a matter of priority.

We would like to thank all staff at Temple Medical for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
How clear is the service's vision and purpose and how supportive is its leadership and culture?	

Our findings

The service's leadership structure and governance framework helped deliver safe and effective person-centred care in line with best practice. Staff told us they felt valued, respected and supported. The service had clear aims and objectives, which were available for patients to view on the service's website.

Clear vision and purpose

The service told us its vision was to enhance the wellbeing of every individual through providing personalised, innovative and compassionate care in a doctor-led private medical clinic. The service's aims and objectives fed into this vision and were detailed on the service's website. Staff we spoke with were aware of the service's aims, objectives and vision.

We were told the service's long-term plan, with associated key performance indicators, was to promote the service and to ensure patients were satisfied with their treatments and continued to return for further treatments. The service focused on providing medical aesthetics services, including providing a comprehensive weight loss programme that encompassed lifestyle changes and wellbeing treatments.

The service monitored its key performance indicators, which included:

- staff appraisals
- training schedules
- waiting times until next appointment booked
- patient retention, and
- revenue per patient.

These helped to define and measure progress towards the service's aims and objectives.

Treatments were appointment-only, and a high number of patients were returning customers.

- No requirements.
- No recommendations.

Leadership and culture

The service had adequate staff numbers who were suitably qualified to carry out all treatments offered to patients. This included clinical healthcare professionals, therapists and clinic assistants.

The service had an effective leadership structure with well-defined roles, responsibilities and support arrangements. All staff reported to the service manager. They met with staff every morning to give updates on any changes to clinics, staffing or resources, and to review workload.

We saw evidence of monthly meetings taking place where all members of staff attended. Set agendas for these meetings included staff feedback and ideas, opportunities for training and learning, and action plans from audits. Minutes of meetings were documented and included identifying staff members who would be responsible for taking forward any actions or issues noted. Staff could access minutes of meetings through the service's intranet.

Staff we spoke with told us the service manager and director were very approachable and visible. Staff said they felt valued, respected and well supported and were encouraged to give feedback about how the service should continue to improve, for example attending wedding and health fairs to promote the service, and offering gift vouchers at Christmas for patients to buy. They also told us they would feel comfortable raising any concerns and were aware of how to do this with senior management.

- No requirements.
- No recommendations.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
How well does the service engage with its stakeholders and manage/improve its performance?		

Our findings

Patients were fully informed about treatment options and involved in all decisions about their care. Policies and procedures were in place to support safe and effective delivery of care. Although the service encouraged feedback from patients, a more structured approach to gathering, recording and analysing feedback should be developed. Cleaning schedules need further development. Although the service carried out some audits, a more structured approach and annual audit programme should be implemented, as well as a quality improvement plan, to help demonstrate continuous improvement in the service.

Co-design, co-production *(patients, staff and stakeholder engagement)*
The service had a comprehensive website with detailed information on the range of treatments available, the booking system, treatment costs and the staff working in the service. Patients could book appointments through the service's website or by telephone. Many patients were returning patients who had used the service for many years.

The service's participation policy stated that it encouraged patients to provide feedback by actively asking those who used the service. Feedback from patients was mainly done through social media or face to face. The service was currently considering how it could gather feedback in other ways such as through a feedback survey.

We were told some recent improvements had been carried out, some of which had been made as a result of patient feedback. For example, specialised non-invasive equipment had been purchased to help patients strengthen their pelvic floor muscles and improve symptoms of stress incontinence.

Patients who responded to our online survey told us they were extremely satisfied, had been treated with dignity and respect, and felt involved in their care. Some comments we received were:

- 'Discussion at each stage.'
- 'All explained clearly and information leaflets provided.'
- 'Lots of information given, friendly and welcoming staff and very knowledgeable.'

The service encouraged and motivated its staff by recognising and rewarding their achievements and contributions through employee of the month and days out.

What needs to improve

While the online and verbal methods used to gather patient feedback were useful, it was difficult for the service to draw any conclusions that could be used to help improve the service. We found no evidence that feedback was being recorded and analysed, or that results were shared with people using the service. A more structured approach to patient feedback should include:

- recording and analysing results
- implementing changes to drive improvement, and
- measuring the impact of improvements (recommendation a).

■ No requirements.

Recommendation a

■ The service should develop a structured approach to gathering feedback, including how this then influences improvements and ensure that any feedback is shared with people using the service.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The service was aware of the notification process and of the circumstances in which it should notify Healthcare Improvement Scotland. A system was in place for the recording and managing of any incidents or accidents that may occur in the service. We saw there had not been any since the service registered with Healthcare Improvement Scotland in October 2017.

We saw policies and procedures were in place to deliver safe, person-centred care. There were reviewed and regularly updated by the service manager. These included:

- information management
- health and safety
- safeguarding (public protection)
- infection protection and control, and
- emergency arrangements.

Staff had a good awareness of infection prevention and control practices. All equipment used, including personal protection equipment (such as aprons and gloves), was single use to prevent the risk of cross-contamination.

Maintenance contracts for fire safety equipment, the boiler and the fire detection system were up to date. Electrical and fire safety checks were monitored regularly.

Arrangements were in place to make sure all staff could support patients in the event of a medical emergency. This included mandatory staff training such as basic life support and emergency first aid. Emergency medicines and first aid supplies were easily accessible in the clinic area. Emergency life-saving equipment was also available, including oxygen and a defibrillator.

A complaints policy detailed the process for managing a complaint and provided information on how patients could make a complaint to the service or directly to Healthcare Improvement Scotland at any stage of the complaints process. The service's website signposted patients to the procedure on how to make a complaint. No complaints had been received since the service registered with Healthcare Improvement Scotland.

A duty of candour policy was displayed on the service's website and in the service. This is where healthcare organisations have a professional responsibility to be honest with patients when something goes wrong. Staff fully understood their duty of candour responsibilities and the service published a yearly duty of candour report. This was available in the service for patients to view.

The service worked in line with its medicines management policy. We saw a safe system for the procurement and prescribing of medicines. All medicines were stored securely in a locked cupboard or a drug refrigerator. The temperature of the refrigerator was monitored and recorded to make sure medicines were stored at the correct temperature.

The service had recently introduced an electronic patient care record system and was in the process of transferring its paper patient care records onto the electronic system. Patient care records stored on an electronic device were password protected. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights), and we saw that it worked in line with data protection regulations.

Patients had a face-to-face consultation with the practitioner where they completed a consent form, which was signed by both the patient and practitioner. The service discussed aftercare with patients and provided them with both treatment and aftercare information leaflets. Patients were also made aware of the service's out-of-hours contact details, should they have any problems or require advice.

Systems and processes were in place to help make sure staff recruitment was safe and effective. We also saw systems in place for ongoing checks of staff members' professional registration.

All new members of staff underwent an induction programme and were issued with a staff handbook to complete. This contained service-specific information about:

- the service's vision, aims and objectives
- policies and procedures
- annual leave and sick leave arrangements
- staff training, and
- learning and development opportunities.

We saw evidence of one-to-one discussions and yearly appraisals for all staff. These helped to identify training and development needs and opportunities. Appraisal agendas included goals, personal and professional objectives, as well as performance reviews.

The service kept up to date with changes in legislation and best practice through training sessions, peer group forums, seminars and membership of an online aesthetic complications group.

What needs to improve

Although a cleaning schedule was in place, there should be more evidence to show when and how equipment is cleaned (recommendation b).

- No requirements.

Recommendation b

- The service should develop the existing cleaning schedule to include evidence of products used and to demonstrate cleaning has been carried out.

Planning for quality

Some risk assessments were in place to effectively manage risk in the service, including:

- display screen equipment
- manual handling, and
- sharps management.

We saw evidence of some audits being carried out, such as fridge temperature, stock ordering and patient waiting times.

A business continuity policy was in place in case the service experienced a disruptive incident. The policy stated that, in such a scenario, the service would establish alternative arrangements for patient treatments and prioritise critical functions.

What needs to improve

There was no evidence of a risk register being kept by the service. This would help the service to mitigate risk and ensure the safe health and welfare of patients attending the service (recommendation c).

Although some audits were being carried out, there was no formal audit programme in place to determine what and when audits would take place. The range of audits carried out should also be expanded to include other areas such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records (recommendation d).

A quality improvement plan would help the service structure its improvement activities, record the outcomes and measure the impact of any future service change. This would allow the service to clearly demonstrate a culture of continuous quality improvement (recommendation e).

- No requirements.

Recommendation c

- The service should develop, implement and maintain a risk register to ensure effective oversight of how the service is delivered.

Recommendation d

- The service should introduce a structured programme of regular audits to cover key aspects of care and treatment such as medicine management, infection prevention and control, the safety and maintenance of the care environment and patient care records.

Recommendation e

- The service should develop and implement a quality improvement plan to formalise and direct the way it drives and measures improvement.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
How well has the service demonstrated that it provides safe, person-centred care?	

Our findings

The environment was clean and well equipped. Patients reported good levels of satisfaction, told us they felt safe in the service, and that the service was clean and tidy. Patients' next of kin must be documented in patient care records, and consent to share information with other healthcare professionals should also be documented. A risk assessment must be carried out for the clinical hand wash sinks in treatment rooms. Medicines should be used in line with current guidelines.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a satisfactory self-evaluation.

The clinic environment was clean and well maintained. Equipment used in the service was clean, well maintained and serviced regularly where required. Patients who responded to our online survey also told us they felt safe in the environment and they felt reassured by the cleaning that took place. A clinical waste contract was in place, and clinical waste and used sharps equipment was disposed of appropriately.

The practitioner completed a risk assessment for every patient where bacteriostatic saline was used to reconstitute botulinum toxin. This is when a liquid solution is used to turn a dry substance into a fluid for injection. As the use of this type of saline is off-license (when a medicine is being used in a way that is different to that described in the product license), information was recorded in the consent documentation before treatment.

Feedback from our online survey was very positive about the experience patients had at the service. All patients told us they were satisfied with the facilities and equipment in the service. Comments included:

- ‘Very clean and tidy.’
- ‘Very nice, modern, and clean facilities.’
- ‘Clinic very friendly and staff very caring.’

All five patient care records we reviewed showed that consultation and assessment had been carried out before treatment started. Patient care records included:

- practitioner notes
- medical history, including any health conditions and allergies
- consent to treatment
- bath number, dosage and expiry date of medicines used, and
- treatment plans.

The three staff files we reviewed showed that all appropriate and necessary pre-employment checks had been carried out, including:

- Disclosure Scotland background checks
- proof of ID
- references, and
- a record of mandatory and refresher training.

Staff we spoke with had a good understanding of their role, told us they enjoyed working in the service and received good opportunities for ongoing training and development.

What needs to improve

Of the five patient care records we reviewed, not all were consistent in documenting evidence of patients’ next of kin or emergency contact details (requirement 1).

Treatment rooms did not have an appropriate clinical hand wash sink. This meant there could be an infection control risk of splash contamination to the surrounding area. We advised the service that a risk assessment should be completed, and a compliant clinical hand wash sink should be installed as part of any future refurbishment (requirement 2).

Of the five patient care records we reviewed, not all were consistent in documenting evidence of consent to share information with other healthcare professionals in the event of an emergency situation (recommendation f).

The use of bacteriostatic saline to reconstitute botulinum toxin was not in line with current guidance. When using a medicine off-license, prescribers should be satisfied that there is suitable evidence to support the safe use of this medicine. Any prescribing decision should be in the best interest of patients (recommendation g).

Requirement 1 – Timescale: by 13 May 2024

- The provider must ensure patients' next of kin or emergency contact details are documented appropriately in patient care records. If the patient refuses to provide the information, this should be documented.

Requirement 2 – Timescale: immediate

- The provider must develop a risk assessment for the non-compliant clinical hand wash sinks to ensure appropriate actions are taken to minimise any risks from splash contamination.

Recommendation f

- The service should review documentation to ensure consent is clearly recorded for sharing information with other healthcare professionals.

Recommendation g

- The service should ensure botulinum toxin is used in line with the manufacturer's and best practice guidance, and update its medicines management policy to accurately reflect the processes in place.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.

Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.

During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: **www.healthcareimprovementscotland.org**

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.

After

More information about our approach can be found on our website: https://www.healthcareimprovementscotland.org/scrutiny/the_quality_assurance_system.aspx

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 623 4300

Email: his.ihcregulation@nhs.scot

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Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

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